Virginia FY 2015
Preventive Health and Health Services Block Grant

Work Plan

Original Work Plan for Fiscal Year 2015
Submitted by: Virginia

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Executive Summary

This work plan is for the Preventive Health and Health Services (PHHS) Block Grant for Federal Year 2015. It is submitted by the Virginia Department of Health as the designated state agency for the allocation and administration of PHHSBG funds.

On March 25, 2015, the advisory committee reviewed and recommended programs for funding, contingent upon the receipt of funding for FY 2015.

On March 25, 2015, the public hearing was held to receive comment on the FY2015 PHHS Block Grant Work Plan.

Funding Assumptions: The total award for the FY 2015 Preventive Health and Health Services Block Grant is $3,091,025. This amount is based on the FY2015 allocation table distributed by the Centers for Disease Control and Prevention. Of the total amount, $159,935 has been allocated for administrative costs to cover salary and related expenses, phone charges, and IT functions. FY 2015 funds are allocated to programs in priority health areas that address the following Healthy People 2020 national health status objectives:

(HO AHS – 6) Inability to Obtain Necessary Medical Care: $155,036 of this total will support the Care Connection for Children Data System Integration project, which will provide security and functionality upgrades to the system utilized to provide referrals and care coordination services to children with special health care needs.

(HO IVP – 1) Fatal and Nonfatal Injuries: $161,328 of this total will support the Injury and Violence Prevention Program, which will provide resources, technical assistance and training to build and maintain a statewide injury prevention infrastructure.

(HO IVP – 2) Traumatic Brain Injury: $93,232 of this total will support the Traumatic Brain Injury Prevention Program. Funds will support the provision of training, education, resources and technical assistance that will address traumatic brain injuries related to youth bicycle safety and school athletics.

(HO IVP – 9) Poisoning Deaths: $165,966 will be used to support the Prescription Drug Prevention Program, which will provide training, education and resources for the prevention of prescription drug misuse and abuse.

(HO IVP – 40) Sexual Assault-Rape Crisis: $161,007 of this total is a mandatory allocation to address the prevention of sexual assaults. The Virginia Department of Health contracts with the Virginia Sexual and Domestic Violence Action Alliance to provide statewide coordination of sexual assault advocacy, data collection on victim services and outcomes, technical assistance, and training to local sexual assault crisis centers and other professionals.

(HO NWS – 9) Obesity in Adults: $871,704 of this total will be used to fund the Building Healthy Communities Program. Funds will be used to support the implementation of evidence-based obesity prevention programs in local health districts.

(HO OH – 7) Use of Oral Health Care System: $59,104 of this total will be to support the Oral Health Care Access for Children with Special Health Care Needs (CSHNC) Program. Funds will provide education and training to dentists in an effort to encourage increased care or children with special health care needs.

(HO OH – 13) Community Water Fluoridation: $175,000 of this total will be used to maintain Virginia's optimal community water fluoridation level. Funds will be used to support the Community Water Fluoridation Program's coordinator position and for equipment upgrades, monitoring water systems, and providing training, education, and technical assistance.

(HO OH – 16) Oral and Craniofacial State-Based Health Surveillance System: $20,190 of this total will be used to conduct a basic screening survey of children enrolled in Virginia's Head Start Program. $81,276 will be used to conduct an oral health assessment of Virginia's elderly population.

(HO PHI – 7) National Data for Healthy People 2020 Objectives: $491,964 of this total will be used to increase the sample size of the Behavioral Risk Factor Surveillance System. $41,083 of this total will be used to support staff and activities of the Pregnancy Risk Assessment Monitoring System. $200,000 will be used to support staff, activities and data provision for the Youth Risk Behavior Survey.

(HO PHI – 14) Public Health System Assessment: $236,311 of this total will be utilized to establish the Centralized Support for Community Health Assessments initiative. Funds will support staff within the Division of Policy and Evaluation who will provide support to each of the 35 local health districts in conducting community needs assessments and community health improvement plans.

Funding Priority: Under or Unfunded

Statutory Information

Advisory Committee Member Representation:

Community resident, County and/or local health department, Hospital or health system, State or local government

Dates:

Public Hearing Date(s):	Advisory Committee Date(s):
3/25/2015	10/9/2014
	3/25/2015

Current Forms signed and attached to work plan:

Certifications: Yes
Certifications and Assurances: Yes

Budget Detail for VA 2015 V0 R2	
Total Award (1+6)	$3,091,025
A. Current Year Annual Basic	
1. Annual Basic Amount	$2,912,129
2. Annual Basic Admin Cost	($159,935)
3. Direct Assistance	$0
4. Transfer Amount	$0
(5). Sub-Total Annual Basic	$2,752,194
B. Current Year Sex Offense Dollars (HO 15-35)	
6. Mandated Sex Offense Set Aside	$178,896
7. Sex Offense Admin Cost	($17,889)
(8.) Sub-Total Sex Offense Set Aside	$161,007
(9.) Total Current Year Available Amount (5+8)	$2,913,201
C. Prior Year Dollars	
10. Annual Basic	$0
11. Sex Offense Set Aside (HO 15-35)	$0
(12.) Total Prior Year	$0
13. Total Available for Allocation (5+8+12)	$2,913,201

Summary of Funds Available for Allocation	
A. PHHSBG $'s Current Year:	
Annual Basic	$2,752,194
Sex Offense Set Aside	$161,007
Available Current Year PHHSBG Dollars	$2,913,201
B. PHHSBG $'s Prior Year:	
Annual Basic	$0
Sex Offense Set Aside	$0
Available Prior Year PHHSBG Dollars	$0
C. Total Funds Available for Allocation	$2,913,201

Summary of Allocations by Program and Healthy People Objective

Program Title	Health Objective	Current Year PHHSBG $'s	Prior Year PHHSBG $'s	TOTAL Year PHHSBG $'s
Building Healthy Communities	NWS-9 Obesity in Adults	$871,704	$0	$871,704
Sub-Total		**$871,704**	**$0**	**$871,704**
Care Connection for Children Data System Integration	AHS-6 Inability to Obtain or Delay in Obtaining Necessary Medical Care, Dental Care or Prescription Medicines	$155,036	$0	$155,036
Sub-Total		**$155,036**	**$0**	**$155,036**
Centralized Support for Community Health Assessments	PHI-14 Public Health System Assessment	$236,311	$0	$236,311
Sub-Total		**$236,311**	**$0**	**$236,311**
Dental Disease Reduction – Community Water Fluoridation Program	OH-13 Community Water Fluoridation	$175,000	$0	$175,000
Sub-Total		**$175,000**	**$0**	**$175,000**
Head Start Data Collection	OH-16 Oral and Craniofacial State-Based Health Surveillance System	$20,190	$0	$20,190
Sub-Total		**$20,190**	**$0**	**$20,190**
Injury and Violence Prevention Program	IVP-1 Total Injury	$161,328	$0	$161,328
Sub-Total		**$161,328**	**$0**	**$161,328**
OFHS Program Support – Behavioral Risk Factor Surveillance System (BRFSS)	PHI-7 National Data for Healthy People 2020 Objectives	$491,964	$0	$491,964
Sub-Total		**$491,964**	**$0**	**$491,964**
OFHS Program Support – Pregnancy Risk Assessment Monitoring System (PRAMS)	PHI-7 National Data for Healthy People 2020 Objectives	$41,083	$0	$41,083
Sub-Total		**$41,083**	**$0**	**$41,083**
OFHS Program Support – Youth Risk Behavior Survey	PHI-7 National Data for Healthy People 2020 Objectives	$200,000	$0	$200,000
Sub-Total		**$200,000**	**$0**	**$200,000**
Oral Health Assessment of	OH-16 Oral and Craniofacial State-	$81,276	$0	$81,276

Virginia's Elders	Based Health Surveillance System			
Sub-Total		**$81,276**	**$0**	**$81,276**
Oral Health Care Access for Children with Special Health Care Needs (CSHCN)	OH-7 Use of Oral Health Care System	$59,104	$0	$59,104
Sub-Total		**$59,104**	**$0**	**$59,104**
Prescription Drug Prevention Program	IVP-9 Poisoning Deaths	$165,966	$0	$165,966
Sub-Total		**$165,966**	**$0**	**$165,966**
Sexual Assault Intervention and Education Program	IVP-40 Sexual Violence (Rape Prevention)	$161,007	$0	$161,007
Sub-Total		**$161,007**	**$0**	**$161,007**
Traumatic Brain Injury Prevention Program	IVP-2 Traumatic Brain Injury	$93,232	$0	$93,232
Sub-Total		**$93,232**	**$0**	**$93,232**
Grand Total		**$2,913,201**	**$0**	**$2,913,201**

State Program Title: Building Healthy Communities

State Program Strategy:

Program Goal:
The program goal is to prevent obesity and other chronic diseases by providing Virginians information, tools and resources for promoting healthy nutrition and access to healthy eating options, and encouraging and reinforcing healthy and active lifestyles and behaviors. The program promotes evidence-based strategies, systems and environmental changes, and develops partnerships with businesses, public institutions, faith-based organizations and other entities to coordinate state-wide efforts and resources. Communities work to achieve the goal by promoting healthy food choices and physical activity, fostering supportive systems and environments for healthy behaviors, and developing partnerships, community-led interventions and programs, and consistent health messages.

Program Health Priority:
Chronic diseases – such as heart disease, stroke, cancer, and diabetes – are among the most prevalent, costly, and preventable of all health problems. Leading a healthy lifestyle (avoiding tobacco use, being physically active, and eating well) greatly reduces a person's risk for developing a chronic disease. Reversing the growing trends in obesity and reducing chronic diseases requires a comprehensive and coordinated approach that uses systems and environmental change strategies to transform communities into places that support and promote healthy lifestyle choices for all residents. Community initiatives must address environmental and system factors (including increasing access to healthier foods and creating easier access to safe places to exercise) that contribute to unhealthy lifestyles. The PHHS Block Grant provides funding, training, and technical assistance to aid communities in developing, delivering and evaluating evidence-based health promotion strategies and programs.

Primary Strategic Partners:
Intra-agency partnerships include the Cancer Prevention and Control Program, Heart Disease and Stroke, Diabetes, Obesity, and School Health Project (DP13-1305; DP14-1422), Injury Prevention, Tobacco Use Control Project, Child & Family Health Programs, WIC, local Health departments, and the Office of Minority Health and Health Equity.

State partners include the Virginia Departments of Education, Conservation and Recreation, Medical Assistance Services, Transportation and the Virginia Cooperative Extension.

External partners focused on the promotion of healthy lifestyles throughout Virginia include, but are not limited to: VA Farm to School Workgroup; VA Chapter of AAP Obesity Taskforce; the Virginia Chapter of American Academy of Family Physicians (VAFP), VA Association of Health, Physical Education, Recreation, and Dance (VAHPERD); VA Recreation and Park Society; Northern Virginia Healthy Kids Coalition, Virginia Association of School Nurses, Alliance for a Healthier Generation Healthcare Initiative; VA SRTS Network and VA Dietetic Association; YMCA; Virginia Business Coalition on Health; and Virginia Hospital and Healthcare Association.

Evaluation Methodology:
Surveillance data from the CDC Behavioral Risk Factor Surveillance System (BRFSS) will be used to evaluate program progress toward the overall goal of promoting healthy behaviors in Virginia communities. Additional data sources will be determined once intervention sites are selected.

State Program Setting:
Business, corporation or industry, Community based organization, Community health center, Faith based organization, Local health department, Schools or school district, University or college, Work site

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Name: Vanessa Walker Harris
Position Title: DPHP Director
State-Level: 51% Local: 0% Other: 0% Total: 51%
Position Name: Kathy Rocco
Position Title: Chronic Disease Programs Manager
State-Level: 14% Local: 0% Other: 0% Total: 14%
Position Name: Consultant
Position Title: Chronic Disease Consultant
State-Level: 35% Local: 0% Other: 0% Total: 35%
Position Name: Supervisor
Position Title: Chronic Disease Supervisor
State-Level: 10% Local: 0% Other: 0% Total: 10%
Position Name: Sharon Jones
Position Title: Administrative Specialist
State-Level: 100% Local: 0% Other: 0% Total: 100%

Total Number of Positions Funded: 5
Total FTEs Funded: 2.10

National Health Objective: HO NWS-9 Obesity in Adults

State Health Objective(s):

Between 10/2014 and 09/2020, the Virginia Department of Health will reduce the percentage of adults who are overweight or obese from 27.2% to 21.2% by implementing evidence-based obesity and chronic disease prevention and control initiatives at the community level through agreements with VDH local health districts.

Baseline:
The adult obesity rate was 27.2% in 2013.

Data Source:
BRFSS, 2013

State Health Problem:

Health Burden:
Obesity poses a major public health challenge. Each year nationwide, obesity contributes to an estimated 112,000 preventable deaths. Obese adults are at increased risk for many serious health conditions, including high blood pressure, high cholesterol, type 2 diabetes and its complications, coronary heart disease, stroke, gallbladder disease, osteoarthritis, sleep apnea, and respiratory problems, as well as endometrial, breast, prostate, and colon cancers. Overweight and obesity rates in Virginia have increased significantly among adults and children over the last two decades. Compared nationally, Virginia currently ranks as the 32nd most obese state for adults (27.2%) and 24th for youth (12%).

In addition to increasing rates of overweight and obesity in Virginia, disparities continue to exist. When analyzed by race and ethnicity, 2013 BRFSS data reveals that 39.3% of black, Non-Hispanic Virginians and 22.5% of Hispanic Virginians are considered obese. When examining Virginia obesity trends by gender, data from 2013 indicates that over 27% of both males (27.1%) and females (27.3%) are considered obese.

The 2013 BRFSS revealed that only 51.2% of Virginia adults meet the recommendation for daily physical activity and over 25% reported no additional physical activity in the past month. The 2013 survey also revealed that only 17.8% of Virginia adults consume the recommended number of servings of fruits and vegetables daily.

Target Population:
Number: 8,001,024
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: Yes

Disparate Population:
Number: 238,842
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, White
Age: 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: Yes
Location: Entire state
Target and Disparate Data Sources: U.S. Census Bureau

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Guide to Community Preventive Services (Task Force on Community Preventive Services)
MMWR Recommendations and Reports (Centers for Disease Control and Prevention)

Other: Recommended Community Strategies & Measurements to Prevent Obesity in the United States (Centers for Disease Control and Prevention)
CDC Recommends: The Prevention Guidelines System (CDC)
Healthy People 2020
National Prevention Strategies
Virginia Chronic Disease Prevention and Health Promotion Collaborative Network's Shared Agenda

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $871,704
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:
Implement programs

Between 10/2014 and 09/2015, VDH local health departments will increase the percent of Virginians who meet the recommendation for daily physical activity and who consume the recommended number of servings of fruit and vegetables daily from 51.2% (physical activity) and 17.8% (consumption) to **51.7% and 18%**.

Annual Activities:

1. Establish memorandum of understanding

Between 10/2014 and 09/2015, VDH will solicit proposals from and establish a memorandum of understanding (MOU) agreement with up to eight VDH local health districts to implement evidence-based obesity prevention and lifestyle change initiatives at the community level.

2. Establish partnerships

Between 10/2014 and 09/2015, VDH local health districts will partner with local community coalitions and other multi-sectoral partners (including parks and recreation, transportation, housing, law enforcement, schools, academia, and county/city officials) to build and expand programs and ensure sustainability. Collaboration between local health districts and the local community coalition will enhance facilitating sustainable policy, systems and environmental changes that will lead to a lasting impact on reducing obesity and chronic disease within the community.

3. Implement strategy

Between 10/2014 and 09/2015, VDH local health departments will work with local community coalitions and partners to support and expand strategies identified in the *CDC Recommended Community Strategies & Measurements to Prevent Obesity in the United States* and align with the Virginia Shared Agenda (State chronic disease plan). Strategies to be implemented include the following:

- Obesity prevention coalition building;
- Improving access to outdoor recreational facilities;
- Increasing availability of healthier food and beverage choices in public service venues;
- Enhancing infrastructure supporting walking and bicycling;
- Improving availability of mechanisms for purchasing foods from farms; and
- Increasing opportunities for extracurricular physical activity.

VDH will provide technical assistance, resources, guidance, and monitor and evaluate progress.

State Program Title: Care Connection for Children Data System Integration

State Program Strategy:

Program Goal:
The Virginia Department of Health is mandated to provide service referrals and care coordination services for Children with Special Health Care Needs (CSHCN) in the most efficient and secure manner. Care coordination in the CSHCN program seeks to assist families with access to services and coordinate with the medical home. In order to do this effectively and efficiently, the program relies on a database called the Care Connection for Children-Systems User Network (CCC-SUN) to track program activities. Currently, the system is outdated and needs to be updated to assure that it is in line with current security standards for the Commonwealth of Virginia. Also, the program seeks to make certain system changes that will increase the functionality of the database for current users.

Program Health Priority:
It is a program health priority to assure that CSHCN have access to appropriate care coordination services and receive the support they need.

Primary Strategic Partnership:
The program's primary strategic partnership will occur between the Virginia Department of Health's Office of Family Health Services and the Office of Information Management (OIM). OIM houses and maintains the Care Connection for Children-Systems User Network (CCC-SUN).

Evaluation Methodology:
The goal of the current program is to update the CSHCN CCC-SUN database. Since this program will not provide service delivery, the evaluation will focus on process measures. Specifically, the office will evaluate whether contracted deadlines are being met in order to deliver a functional product at the end of the grant period.

State Program Setting:
State health department, Other: Six statewide centers of excellence.

FTEs (Full Time Equivalents):
Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 0
Total FTEs Funded: 0.00

National Health Objective: HO AHS-6 Inability to Obtain or Delay in Obtaining Necessary Medical Care, Dental Care or Prescription Medicines

State Health Objective(s):
Between 10/2014 and 09/2016, Virginia will complete all of the upgrades that are necessary to bring the CCC-SUN system into compliance with the Commonwealth of Virginia security standards and increase the functionality of the system for users.

Baseline:
Current CCC-SUN system that is in need of upgrades.

Data Source:
Virginia Department of Health project logs.

State Health Problem:

Health Burden:
Often times, CSHCN receive care from many service providers. Without a medical home and adequate care coordination, health care quality and access may be jeopardized. In Virginia, an estimated 43.5% or 95,468 children that needed effective complete care coordination did not receive it.

The Healthy People 2020 goal AHS-6 seeks to "reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines" to 9.0 percent by the year 2020, compared to 10.0% of persons in 2007 (www.healthypeople.gov). However, CSHCN in Virginia have even greater difficulties accessing needed health care services than the general population nationwide. According to the 2009/10 National Survey of Children with Special Health Care Needs, 20.7% of CSHCN in Virginia had an unmet need for specific health services.

Virginia's Care Connection for Children centers of excellence provide core services directly related to meeting the medical needs of these children, including:

- Access to a specialty medical care;
- Care coordination with the child's medical home;
- Continual assistance coordinating specialty care and accessing services;
- Assistance in obtaining and using health insurance for the child; and
- Referrals to and assistance communicating with community resources including schools, community/support groups, compassionate use programs, health care providers, etc.

Target Population:
Number: 593,267
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, White
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: Yes

Disparate Population:
Number: 95,468
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, White
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: Yes
Location: Entire state
Target and Disparate Data Sources: Virginia Department of Health project logs.

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: 1. Evidence-based support for care coordination for children with special healthcare needs is supported by a policy statement published by the American Academy of Pediatrics (AAP). Within the policy statement, the AAP recognized the need to integrate care coordination across multiple systems of medical, social, financial, educational and others, to improve outcomes of complex healthcare needs of children. This is accomplished by the involvement and emphasis on parent and/or caregiver involvement in creating and implementing a plan of care, with the support of care coordination. The AAP provides a description of activities to implement a care coordination program. At the current time, Virginia's Care

Connection for Children (CCC), is able to demonstrate the majority of the sited AAP activities. With exception of the ability to have a data system, uniform throughout the state, to document the unique needs of the children receiving care coordination. The proposed data system would support the policy statement of the AAP, by implementing an electronically stored, data retrieval, medical records designed to identify gaps in care systems, geography of gaps, and the communication between the CCC and the medical home.

2. Improve evaluation of care coordination strategies. –One recommendation from: Paul Wise; A Critical Analysis of Care Coordination Strategies for Children With Special Health Care Needs. Strategies can be evaluated through the use of a standardized database that documents referrals and care coordination elements on all Virginian CSHCN.

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $155,036
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Provide care coordination services for CSHCN

Between 10/2014 and 09/2015, VDH will develop **1** care coordination service for children with special healthcare needs by updating our current database to assure that it is in line with current security standards for the Commonwealth of Virginia.

Annual Activities:

1. Identify existing security defects and functional issues

Between 10/2014 and 09/2015, VDH's Office of Family Health Services will partner with the Office of Information Management to identify existing security defects and functional issues in the CCC-SUN system.

2. Upgrade the CCC-SUN system

Between 10/2014 and 09/2015, OFHS will work with the Office of Information Management (OIM) to repair the security defects that exist in the CCC-SUN system. OIM will increase the functionality of the CCC-Sun system for users.

3. Monitor development of the project

Between 10/2014 and 09/2015, OFHS will monitor product development and perform beta testing to assure the system functions properly after the security issues have been corrected. OFHS will increase the functionality of the data system and beta test upgrades.

State Program Title: Centralized Support for Community Health Assessments

State Program Strategy:

The Office of Family Health Services (OFHS) will provide central support to each of the 35 local health districts to assist with conducting a community health assessment and development of a community health improvement plan. Two FTEs, working within the division of Policy and Evaluation, will provide training, technical assistance, and data collection, analysis, and dissemination. OFHS will also provide central support for policy and legislative analysis pertaining to prevention and health promotion. Activities will include:

- Developing and disseminating a training curriculum on conducting and implementing a community health assessment;
- Working with local health districts and other stakeholders to identify needs;
- Researching and compiling available secondary data sources;
- Collecting, aggregating, and analyzing data at the local level to include (based on data source) health district, county, municipality, census tract, and block level data;
- Developing standard data templates and reports to capture and disseminate data;
- Working with the Office of Information Management to effectively communicate the data through web-based platforms.

Program Goal:
The goal is to provide systematic and centralized support to each of the 35 health districts to facilitate the completion of a community health assessment and community health improvement plan.

Program Health Priority:
The essential services of public health include policy development, assessment, and assurance. Community health assessments can be used to provide a picture of the health status of communities, to identify and prioritize areas of need, and to measure the impact of interventions undertaken to address these priorities. The Public Health Accreditation Board requires that local health departments complete a community health assessment and a community health improvement plan as a prerequisite to accreditation. Much of the data utilized for a community health assessment comes from secondary data sources, such as state and national surveys, vital statistics, and hospitalization data. This data can be more efficiently collected and aggregated centrally, rather than individually by each local health district.

Primary Strategic Partners:
Primary partners will include each of the 35 health districts, as well as other central offices and divisions in VDH, including, the Division of Prevention and Health Promotion, Office of Minority Health and Health Equity, Office of Epidemiology, Office of Environmental Health, and Office of Information Management. Additional partners may include local health systems, community organizations, and other constituents.

Evaluation Methodology:
The strategy effectiveness will be evaluated by assessing whether or not training has been developed and the degree to which it is utilized; the number of health metrics disseminated to local health districts; and a survey to gather health district input on the usefulness of these efforts.

State Program Setting:
Local health department, State health department

FTEs (Full Time Equivalents):
Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Name: TBD

Position Title: CHA Training Coordinator
State-Level: 100% Local: 0% Other: 0% Total: 100%
Position Name: TBD
Position Title: CHA Data/Informatics Specialist
State-Level: 100% Local: 0% Other: 0% Total: 100%
Position Name: Janice Hicks
Position Title: Policy Analyst
State-Level: 35% Local: 0% Other: 0% Total: 35%

Total Number of Positions Funded: 3
Total FTEs Funded: 2.35

National Health Objective: HO PHI-14 Public Health System Assessment

State Health Objective(s):

Between 10/2014 and 09/2015, VDH will assist local health districts with conducting a community health assessment and community health improvement plan by developing and disseminating a training curriculum and compiling and disseminating local data.

Baseline:
There is currently no central support for local health districts to conduct community health assessments.

Data Source:
Documentation of training curriculum and data dissemination.

State Health Problem:

Health Burden:
Virginia has a population of approximately 8.2 million people who live in 134 localities, that are organized into 35 different health districts and 5 health planning regions. The characteristics and the challenges in each of these districts, regions, and localities vary greatly, with significant differences in diabetes, obesity, smoking, and infant mortality. Support to complete a community health assessment will assure that each district engages with community stakeholders to identify those areas most relevant to the health of their community.

Target Population:
Number: 35
Infrastructure Groups: State and Local Health Departments

Disparate Population:
Number: 35
Infrastructure Groups: State and Local Health Departments

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: Best Practices for Community Health Needs Assessment and Implementation Strategy Development: A Review of Scientific Methods, Current Practices, and Future Potential. Public Health Institute.

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $236,311
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $0

Funds to Local Entities: $0
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

1. Develop training module
Between 10/2014 and 09/2015, VDH will develop **1** training module on conducting community health assessments and disseminate to the local health districts.

Annual Activities:

1. Develop curriculum
Between 10/2014 and 09/2015, using standardized tools and best practices, VDH will develop a standard curriculum for training local health department staff on how to conduct a community health assessment and develop a community health improvement plan.

2. Provide training
Between 10/2014 and 09/2015, VDH will provide training to health department staff via Polycomm.

3. Provide VDH intranet training
Between 10/2014 and 09/2015, VDH will post training recording and resource materials to VDH intranet to allow anytime access.

4. Technical assistance
Between 10/2014 and 09/2015, VDH will provide follow-up on-site and telephonic technical assistance.

Objective 2:

2. Report data
Between 10/2014 and 09/2015, VDH will provide data related to health and social determinants of health to **35** local health districts.

Annual Activities:

1. Develop metrics
Between 10/2014 and 09/2015, working with local health departments, VDH will develop a set of standard metrics that will form the core set of data for a community health assessment.

2. Data collection
Between 10/2014 and 09/2015, VDH will identify data sources, collect, and aggregate data for each of 35 health districts.

3. Disseminate data
Between 10/2014 and 09/2015, VDH will disseminate data to health districts via VDH intranet.

Objective 3:

3. Develop assessment plan
Between 10/2014 and 09/2015, VDH will develop **1** plan for each of the 35 local health districts to conduct a community health assessment.

Annual Activities:

1. Plan assessment completion
Between 10/2014 and 09/2015, working with each health district, VDH will develop a plan and schedule

for when community health assessment will be completed.

State Program Title: Dental Disease Reduction – Community Water Fluoridation Program

State Program Strategy:

Program Goal:
Virginia has met and exceeded the 2020 objective for Community Water Fluoridation (CWF) with greater than 95% of Virginians served by community water systems receiving optimally fluoridated water. National health objectives call for 79.6 % of the U.S. population served by community water systems to be drinking optimally fluoridated water by 2020. Because of this success, the goal of the Community Water Fluoridation Program is to maintain the number of Virginia citizens served by optimal community water fluoridation. Community water fluoridation is defined as adjusting and monitoring fluoride to reach optimal concentrations in community drinking water.

Program Health Priority:
Priorities for the program are to ensure safe and effective adjustment of fluoride to provide optimal fluoridation to reduce dental disease rates, as well as monitoring water systems for compliance to rigorous standards. One public health strategy is to promote community water fluoridation through funding to initiate fluoridation or replace outdated fluoridation equipment.

Primary Strategic Partners:
Primary strategic partnerships for the CWF Program include the Virginia Department of Health Office of Drinking Water (ODW) and associated regional field offices, the Virginia Rural Water Association, Virginia Dental Association, American Academy of Pediatrics, the Oral Health Coalition, and local governments. The CWF Program will also work with the Office of Minority Health and Health Equity to prioritize mini-grants to communities with greatest needs.

Evaluation Methodology:
Evaluation methodology for the CWF program includes monitoring fluoridated water systems by reviewing monthly fluoridation operational reports and sanitary surveys of waterworks; collecting, interpreting, and compiling monthly fluoride operational reports of all fluoridated water systems, and exporting the data to the Centers for Disease Control and Prevention (CDC) Water Fluoridation Monitoring System (WRFS); and conducting reviews on funded localities.

State Program Setting:
Local health department, Other: Local government

FTEs (Full Time Equivalents):
Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 0
Total FTEs Funded: 0.00

National Health Objective: HO OH-13 Community Water Fluoridation

State Health Objective(s):
Between 10/2014 and 09/2015, VDH will continue to provide optimally fluoridated water to 95% of Virginians who are served by community water systems.

Baseline:
Approximately 95% of Virginian's are currently served by community water systems receiving optimally fluoridated water.

Data Source:
WFRS is a water fluoridation monitoring data system for state and tribal water fluoridation program managers. Data from WFRS are summarized in the biennial report of national and state fluoridation statistics. Population estimates are also used. The annual Virginia summary data is maintained in WFRS and serves as the data source for the Virginia estimate.

State Health Problem:

Health Burden:
Tooth decay affects more than one-fourth of U.S. children aged 2–5 years and half of those aged 12–15 years. About half of all children and two-thirds of adolescents aged 12–19 years from lower-income families have had decay. Children and adolescents of some racial and ethnic groups and those from lower-income families have more untreated tooth decay. For example, 40% of Mexican American children aged 6–8 years have untreated decay, compared with 25% of non-Hispanic whites. Among all adolescents aged 12–19 years, 20% currently have untreated decay. Tooth decay is also a problem for many adults, and adults and children of some racial and ethnic groups experience more untreated decay. The CDC states "Fluoridation safely and inexpensively benefits both children and adults by effectively preventing tooth decay, regardless of socioeconomic status or access to care."

Target Population:
Number: 6,000,000
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 6,000,000
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: U.S. Census Bureau

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: Other: Best Practice Criteria for CWF programs as recommended by the Association of State and Territorial Dental Directors.

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $175,000
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: Supplemental Funding

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
75-99% - Primary source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:
Maintain optimal water fluoridation
Between 10/2014 and 09/2015, the Community Water Fluoridation Program will maintain **6,000,000** Virginia residents on waterworks with optimal water fluoridation.

Annual Activities:
1. Upgrade equipment
Between 10/2014 and 09/2015, ODW staff will contract with communities to upgrade fluoridation equipment to maintain optimum fluoride levels.

2. Monitor water systems
Between 10/2014 and 09/2015, ODW staff will monitor water systems monthly in Virginia that adjust fluoride for 6 million individuals and report to the CDC Water Fluoridation Reporting System. This includes collecting, compiling interpreting and entering the water systems monthly fluoride operational reports in Virginia into the Virginia database and exporting to the CDC WFRS.

3. Provide education
Between 10/2014 and 09/2015, ODW staff will provide education for customers, health professionals, and communities regarding the health benefits of fluorides and fluoridation in Virginia.

4. Provide training
Between 10/2014 and 09/2015, ODW staff will work with the Salem Water Treatment Plant to provide one statewide training for water works operators.

5. Provide technical assistance
Between 10/2014 and 09/2015, program staff will provide technical assistance to professionals, including VDH staff. The Fluoridation coordinator provides assistance to the public, and private medical and dental health professionals regarding a broad range of fluoridation issues including health concerns, adjusted fluoride water levels by locality, provides evidence-based research information for board or community meetings, cost-effectiveness, and information for professionals in high natural fluoride areas.

State Program Title: Head Start Data Collection

State Program Strategy:

Program Goal:
The goal of this program is to collect Basic Screening Survey (BSS) dental disease information from 75% of 52 Head Start programs in Virginia between 10/1/14 and 9/30/15, using the new Head Start Oral Health form developed by the National Center on Health. BSS survey data measures untreated decay, previous decay experience, and urgency of dental treatment needs.

Program Health Priority:
Tooth decay is the most common, chronic disease of childhood, with children from low-income families carrying the heaviest burden of the disease. Virginia has had no cost-efficient way to collect accurate disease information on the Head Start population in the past 12 years. The use of this form will capture disease data being collected in private dental offices serving local Head Start children. This needs assessment data will help direct resources more efficiently in order to maximize preventive outcomes.

Primary Strategic Partners:
Critical partnerships to ensure program success include those with that groups that deal with the oral health issues of young children, such as the Virginia Head Start Association and local Head Start programs to seek process input and monitor process implementation. We will also work with the Division of Policy and Evaluation to carry out the data collection, entry and analysis of BSS data.

Evaluation Methodology:
The Dental Health Program will collect annual dental disease status information for individual Head Start-enrolled children. The Head Start Oral Health form will be used by local dentists to record the dental status of individual Head Start children during the required annual dental exam. Once completed by the dentist, the form is returned to the local Head Start program as part of the child's health record. In addition to the BSS fields, demographic fields to be collected are child's city, date of birth, gender, and race/ethnicity. The paper forms will be securely mailed to VDH for entry into a database for analysis. We will also work with software companies to explore the option of modifying templates to include BSS fields so that data can be eventually captured and reported electronically. The Dental Health Program will work with the epidemiologist in the Division of Policy and Evaluation in the Office of Family Health Services to analyze data.

State Program Setting:
Child care center

FTEs (Full Time Equivalents):
Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Name: Tonya Adiches
Position Title: Dental Health Program Manager
State-Level: 5% Local: 0% Other: 0% Total: 5%
Position Name: Delphine Anderson
Position Title: Program Support Technician
State-Level: 5% Local: 0% Other: 0% Total: 5%
Position Name: Earl Taylor
Position Title: Stockroom/Dental Van Coordinator
State-Level: 5% Local: 0% Other: 0% Total: 5%

Total Number of Positions Funded: 3

Total FTEs Funded: 0.15

National Health Objective: HO OH-16 Oral and Craniofacial State-Based Health Surveillance System

State Health Objective(s):

Between 10/2014 and 09/2015, the Dental Health program will complete the collection, analysis, and reporting of oral health survey and screening data for 75% of 52 Head Start programs to identify the burden of oral diseases, unmet needs, treatment urgency and oral health disparities among Virginia's Head Start-enrolled children.

Baseline:
Virginia has no baseline BSS survey data for the 52 Head Start programs statewide. The 2012-2013 Virginia Head Start Program Information Report for Health Services reports that 15.39% of Head Start enrolled children were"diagnosed as needing dental treatment", which closely correlates with "untreated decay".

Data Source:
2012 - 2013 Head Start Performance Information Report/Health Services/State Level

State Health Problem:

Health Burden:
As reported nationally and in Virginia by Head Start parents and staff, the number one health issue affecting children enrolled in Head Start nationwide is the lack of access to oral health services. Approximately 80% of the health burden of tooth decay is carried by 20 – 25% of the child population who are of low income status, illustrating a profound disparity among the low income population. The Head Start population reflects a higher percentage of racial and ethnic minorities than the general U.S. population, with approximately 60% of enrolled children being of black, multi-racial, or ethnic backgrounds. Additionally, 10% of enrollment spots are reserved for children with disabilities and special health care needs who are also at high risk for dental disease and have difficulty accessing oral health services. While Virginia has increased the number of dentists who accept Medicaid insurance, there still remains a shortage of Medicaid dentists in most areas of the state.

Target Population Description: Head Start enrolled children age in range from 3 - 5 years old. Federal guidelines dictate that 90% of enrollees must be from families with low income. In Virginia, 87% of Head Start children have Medicaid health insurance.

Disparate Population Description: Indigent children age 3 - 5 who are enrolled in Head Start in Virginia.

Target Population:
Number: 15,000
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: 1 - 3 years, 4 - 11 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: Yes

Disparate Population:
Number: 13,500
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other

Pacific Islander, White, Other
Age: 1 - 3 years, 4 - 11 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: Yes
Location: Entire state
Target and Disparate Data Sources: 2012 - 2013 Head Start Performance Information Report/Health Services/State Level

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: The Surgeon General's Report on Oral Health stated: "Having state-specific and local data that augment national data is critical in identifying high-risk populations and in addressing oral health disparities." The report further proposed that implementation strategies to overcome barriers in oral health disparities should include building and supporting epidemiologic and surveillance efforts to identify patterns of disease and populations at risk.

The use of the new Head Start oral health form will provide Virginia with an ongoing systematic method for collection of data regarding the dental disease burden of Head Start children. Public health surveillance systems using the BSS survey data tool is considered to be a best practice, according to the Association of State and Territorial Dental Directors and the Centers for Disease Control. This provides the information necessary for public health decision making regarding the use of resources for intervention strategies. Performing population-based needs assessments is also a public health core function.

Efficiency: Data collection is managed on a periodic but regular schedule. Cost-effective strategies are used in collecting, analyzing and communicating surveillance data.

Collaboration/Integration: Partnerships are established to leverage resources for data collection.

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $20,190
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $10,310
Funds to Local Entities: $0
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
75-99% - Primary source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Conduct oral health survey and screening

Between 10/2014 and 09/2015, the Dental Health Program will identify **39** (75%) of Virginia's Head Start programs to complete the collection, analysis, and reporting of the oral health survey and screening data to identify the burden of oral diseases, unmet needs, treatment urgency and oral health disparities among Virginian's school-aged children.

Annual Activities:

1. Consult with software vendors

Between 10/2014 and 09/2015, the Dental Health Program will consult with two software companies to

explore changes to software used by Head Start programs to collect data electronically.

2. Collect data
Between 10/2014 and 09/2015, the Dental Health Program will collect BSS data from 75% of Virginia Head Start programs.

3. Develop database
Between 10/2014 and 09/2015, the Dental Health Program will develop a database and complete perform data entry to analyze BSS data from local Head Start programs.

4. Report survey results
Between 10/2014 and 09/2015, the Dental Health Program will analyze and report the results of the BSS survey to eight key partners, including the Virginia Head Start Association and local Head Start programs.

State Program Title: Injury and Violence Prevention Program

State Program Strategy:

Program Goal:
The goal of the Injury and Violence Prevention Program is to increase the number of state and local level agencies, organizations, and groups implementing effective prevention strategies.

Program Health Priority:
Injuries impact everyone at some point in their lives and represent the leading cause of death in the U.S. and Virginia for those 1-44 years of age. The Centers for Disease Control and Prevention estimates that every three minutes someone in the U.S. dies from an intentional or unintentional injury. Although death is the most severe result of injury, it represents only part of the problem. The majority of those who incur injuries survive. Depending on the severity of the injury, victims may be faced with life-long mental, physical and financial problems as a result of loss of productivity and stress to the victim, family, and other caregivers.

Unfortunately, because injuries are so commonplace they are often accepted as an inevitable part of life. However, research has proven that the causes of injuries are predictable and preventable and not randomly occurring accidents. Injuries can be prevented through potentially modifiable factors, which affect the occurrence and severity of injury, such as behavior change, policy, environment and the use of safety devices.

The Injury and Violence Prevention Program supports promising and best practice injury prevention activities at the local level that address leading or emerging injury issues.

Primary Strategic Partners:
In addition to collaborating with relevant programs in the VDH Offices of Family Health Services, Emergency Medical Services, and the Chief Medical Examiner, the Injury Prevention Program partners with a variety of organizations and agencies at the state and local levels depending on the mechanism of injury being addressed. These include but are not limited to drug free organizations, Virginia Wounded Warrior Program, Safe Kids coalitions, Red Cross chapters, schools, child care centers, fire and police departments, health systems, Poison Control Centers, Virginia High School League, Virginia Association of Independent Schools, Virginia Chapter of the American Academy of Pediatrics, Bike Walk Virginia, AAA divisions, Anthem Blue Cross and Blue Shield of VA, VA Association of Health, Physical Education, Recreation and Dance, VA Recreation and Park Society, VA Safe Routes to School Network, VA Fire and Life Safety Coalition, Virginia Association of School Nurses, Brain Injury Association of VA, the Virginia Chapter of the National Association of Mental Illness (NAMI), Department of Veteran Services (DVS), Drive Smart Virginia and the Virginia Departments of Behavioral Health, Social Services, Criminal Justice Services, Education, Aging and Rehabilitative Services, Fire Programs, Conservation and Recreation, Motor Vehicles and Transportation.

Evaluation Methodology:
All funded projects will require an evaluation plan following the RE-AIM framework to include, where applicable, the systematic measurement of: the number of participants in training events and the level of exposure for awareness activities (Reach); the impact of trainings and educational sessions on behavioral change and changes in the rates of available Virginia injury data (Efficacy); the number of new partnerships and/or policies developed to support implementation (Adoption); fidelity to best practices at the project level (Implementation); and the extent to which the program becomes institutionalized or part of the routine organizational practice (Maintenance). Outcomes of awareness and training activities will be assessed through tracking of activities; monitoring of audience exposures to information provided; and behavior change that results from activities. In addition, data on the type and number of distributed resources will be collected.

State Program Setting:
Community health center, Local health department, Medical or clinical site, State health department, Other: Injury and Violence advocacy groups

FTEs (Full Time Equivalents):
Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Name: Jennifer Schmid
Position Title: Program Support
State-Level: 0% Local: 0% Other: 10% Total: 10%
Position Name: Heather Board
Position Title: Injury, Violence & Tobacco Prevention Program Mgr
State-Level: 40% Local: 0% Other: 0% Total: 40%
Position Name: Lisa Wooten
Position Title: Injury Program Supervisor
State-Level: 5% Local: 0% Other: 0% Total: 5%
Position Name: JoAnn Wells
Position Title: Injury Outreach and Education Coordinator
State-Level: 0% Local: 5% Other: 0% Total: 5%
Position Name: Vanessa Walker-Harris
Position Title: Division Director
State-Level: 0% Local: 0% Other: 5% Total: 5%

Total Number of Positions Funded: 5
Total FTEs Funded: 0.65

National Health Objective: HO IVP-1 Total Injury

State Health Objective(s):
Between 10/2014 and 10/2020, VDH will reduce the rate of injury related deaths by 3% from the 2013 baseline of 51.9 per 100,000 to 50.3 per 100,000.

Between 10/2014 and 10/2020, VDH will reduce the rate of injury related hospitalization by 5% from the 2013 baseline of 428.4 per 100,000 to 407 per 100,000.

Baseline:
There were 51.9 deaths per 100,000 in 2012.

There were 428.4 hospitalizations per 100,000 in 2012.

Data Source:
Vital Records

Virginia Health Information

State Health Problem:

Health Burden:
Injuries represent the leading cause of death in the US and Virginia for those 1-44 years of age. The 2012 injury death rate for Virginia was 51.9 per 100,000. Although death is the most severe result of injury, the majority of those who incur injuries survive. The 2012 injury hospitalization rate for Virginia was 428.4 per 100,000. Depending on the severity of the injury, victims may be faced with life-long mental, physical and financial problems as a result of lost productivity and stress to the victim, family and

other caregivers. Injuries impact everyone regardless of age, race or economic status.

Target Population:
Number: 7,882,590
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 7,882,590
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: U.S. Census Bureau

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Guide to Community Preventive Services (Task Force on Community Preventive Services)
MMWR Recommendations and Reports (Centers for Disease Control and Prevention)

Other: CDC Recommends: The Prevention Guidelines System
Healthy People 2020
Safe Kids Worldwide, Home Safety Council
Safe States Alliance, Children's Safety Network
Harborview Injury Prevention and Research Center
Safe Communities America Program

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $161,328
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

1. Assure a competent workforce

Between 10/2014 and 09/2015, the VDH Injury and Violence Prevention Program will provide resources, technical assistance and training to build and maintain a statewide injury prevention infrastructure, with emphasis on expanding statewide and local capacity for rigorous data collection, analysis, and reporting and comprehensive program evaluation to **all** statewide stakeholders and partners.

Annual Activities:

1. Provide training and education

Between 10/2014 and 09/2015, the Injury and Violence Prevention Program will continue to support a statewide network of practitioners through three regional meetings to support local capacity and sustainability of best practice strategies.

2. Provide outreach and education

Between 10/2014 and 09/2015, resources will be shared through the Injury Prevention Network listerv on a routine basis to support local efforts.

3. Colloborate with partners

Between 10/2014 and 09/2015, the Injury and Violence Prevention Program will expand its partnership with Virginia Commonwealth University Trauma Center's Injury and Violence Prevention Program to support the statewide implementation of evidence-based programs addressing youth violence.

Objective 2:

2. Analyze data

Between 10/2014 and 09/2015, VDH will provide support for the development of data driven programmatic activities for the prevention of injuries and violence by maintaining access to **all** 2013 injury hospitalization and death data through the Virginia Online Injury Reporting System, VOIRS.

Annual Activities:

1. Provide training and education

Between 10/2014 and 09/2015, VDH will provide one webinar for the Injury Prevention Network on the use of VOIRS to analyze hospitalization and death data for the development and/or support of injury and violence prevention community based programming.

2. Collect and report process and outcome data

Between 10/2014 and 09/2015, process data will be collected at the time of each training. Training participants will then be contacted three months post-training to collect outcome data related to the use of VOIRS.

State Program Title: OFHS Program Support – Behavioral Risk Factor Surveillance System (BRFSS)

State Program Strategy:

PHHS funds will be used to cover the cost of obtaining BRFSS data during the 2015 collection period. VDH uses a Call for Proposal process through which VDH offices, other state agencies, and members of the public can submit proposals to add questions to the BRFSS. These proposals are evaluated by the BRFSS Workgroup, and the State Health Commissioner makes a final determination regarding the questions included on the survey.

VDH contracts with Abt SRBI to conduct telephone survey activities. In 2015, VDH plans to collect 8,000 surveys. VDH is attempting to increase its rate of responses from individuals who use only cell phones from the current rate of 17% to 30%.

Extensive data tables from the survey are posted on the VDH website for use by researchers and the public. The data are reported at the state, regional, and health-district levels. In the past, VDH has posted data tables to the website 90 days after they were received. VDH aims to decrease the posting time to 60 days.

PHHS funds will be used to supplement BRFSS grant funds to ensure state-level data collection. The costs incurred through state-level data collection include funds paid to Abt SRBI; the salary/rent/phone/computer costs associated with the BRFSS coordinator and epidemiologist positions; the cost of a contract employee to create fact sheets; and travel expenses.

To the extent that funds are available after the BRFSS grant is received, VDH will pilot local-level data collection and/or broaden the survey to include additional state-level questions of interest (an example of this might be the asthma call-back survey).

Program Goal:
During the last 30 years, the Virginia BRFSS has become the main source for annual, state-based health information in Virginia. Since 2002, the BRFSS program has provided data to each of the 35 health districts in an effort to inform public health actions and improve the health of all citizens. For 2015, the primary goal of the Virginia BRFSS program is to continue the legacy of providing quality information to anyone who wants to understand and address health status and health risk behaviors.

Program Health Priority:
The program health priority is data collection for health-related risk behaviors among adults.

Primary Strategic Partners:
Primary strategic partners include local health districts, other state agencies, non-profit and advocacy groups (such as the Virginia Asthma Coalition, the Partnership for People with Disabilities, and others), researchers, and the public.

Evaluation Methodology:
VDH will measure the number of survey completions, the percent of cell-phone only completions, and the speed with which data tables are posted to the VDH website.

State Program Setting:
State health department

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 0
Total FTEs Funded: 0.00

National Health Objective: HO PHI-7 National Data for Healthy People 2020 Objectives

State Health Objective(s):

Between 10/2014 and 09/2015, VDH will increase the availability and use of BRFSS data.

Baseline:
The number of surveys completed on a cell phone is 2,700.
The percentage of surveys completed with people who do not have a landline (cell phone only) is 17%.
The amount of time it takes to post data tables to the web site is 90 days.

Data Source:
Behavioral Risk Factor Surveillance System (BRFSS)

State Health Problem:

Health Burden:
The BRFSS is the most comprehensive source of of data on health-related risk behaviors among adults in Virginia. The state-level survey funded by the CDC provides data that is aggregated across the state, rather than more detailed, local-level analyses.

The 35 health districts are the primary users of BRFSS data. Other residents of Virginia, including researchers, employees of other state agencies, hospitals, and health-related organizations also use the data.

Target Population:
Number: 35
Infrastructure Groups: State and Local Health Departments, Other

Disparate Population:
Number: 35
Infrastructure Groups: State and Local Health Departments, Other

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: The call for proposal process has been in use for the BRFSS survey for a number of years, and incorporates changes and best practices based on those years of experience.

Virginia implemented several changes in 2014, including posting a Virginia telephone number on the caller ID of those who are contacted, and collecting the telephone numbers of those who do not wish to participate in the survey.

The changes that will take place in 2015 include greater alignment with the 1305 and 1422 grants and the Chronic Disease Division.

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $491,964
Total Prior Year Funds Allocated to Health Objective: $0

Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
50-74% - Significant source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:
Collect data
Between 01/2015 and 09/2015, BRFSS program staff will collect **3,240** cell phone survey data on health risks among adults and make it available to the public.

Annual Activities:
1. Collect data
Between 01/2015 and 09/2015, BRFSS program staff will collect surveys, increase the cell-phone only sample size and post data tables to the web within 60 days of receiving data file.

Objective 2:
Increase data validity
Between 10/2014 and 09/2015, BRFSS program staff will increase the percent of surveys completed with people who do not have a landline (cell phone only) from 17% to **30%**.

Annual Activities:
1. Increase validity of data
Between 10/2014 and 09/2015, BRFSS program staff will amend the contract with AbtSRBI to ensure that the survey produces a higher proportion of cellphone only respondents. Staff will monitor the contract throughout the year to ensure that higher percentages are achieved.

Objective 3:
Provide state and regional data
Between 01/2015 and 09/2015, BRFSS program staff will provide health risk data by posting data within 60 days of receipt of the final data set from the CDC to **35** local health districts.

Annual Activities:
1. Provide data
Between 01/2015 and 09/2015, the BRFSS epidemiologist will run data tables as soon as the dataset is received to ensure that the tables are posted more quickly. The BRFSS coordinator will work with the Webmaster to post the tables on the website as soon as they are ready.

State Program Title: OFHS Program Support – Pregnancy Risk Assessment Monitoring System (PRAMS)

State Program Strategy:

VDH has conducted the Pregnancy Risk Assessment Monitoring System (PRAMS) survey since 2007. However, the national standard response rate of 65% has never been met. PRAMS is the sole data source for many maternal and child health indicators and provides critical data for ongoing initiatives and grants in Virginia.

PHHS funds will be used to cover a portion of the salary of the PRAMS coordinator position. Prior to October 2014, the PRAMS Coordinator position had been vacant for more than 18 months due to insufficient funding. The contribution of PHHS funds to this position allowed recruitment to begin.

Program Goal:
The primary goal of the new coordinator is to increase survey response rates.

Program Health Priority:
PRAMS provides population-level data on Healthy People 2020 goals related to access to health services, injury and violence prevention, immunization, maternal and child health, family planning, early and middle childhood, mental health and mental disorders, tobacco use, and oral health.

Evaluation Methodology:
VDH will measure the number of survey completions against the current baseline.

State Program Setting:

State health department

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Name: Sara Varner
Position Title: PRAMS Coordinator
State-Level: 43% Local: 0% Other: 0% Total: 43%

Total Number of Positions Funded: 1
Total FTEs Funded: 0.43

National Health Objective: HO PHI-7 National Data for Healthy People 2020 Objectives

State Health Objective(s):

Between 10/2014 and 09/2015, VDH will increase its un-weighted PRAMS response rate (as measured in the PIDS system) from 40.2% to 44.22%.

Baseline:
The un-weighted response rate was 40.2 in September 2014.

Data Source:
PRAMS data system (PIDS)

State Health Problem:

Health Burden:
PRAMS determines the health burdens affecting pregnant women and women who have recently given birth. PRAMS is specifically designed to collect data related to potential correlates of infant mortality.

Women are randomly selected for participation in the PRAMS survey. Potential participants are identified through Virginia's vital records database. The projected target population is 1,132 women. The random selection process allows PRAMS data to be generalized to all new mothers within Virginia.

Target Population:
Number: 40
Infrastructure Groups: State and Local Health Departments, Community Based Organizations, Health Care Systems, Other

Disparate Population:
Number: 40
Infrastructure Groups: State and Local Health Departments, Community Based Organizations, Health Care Systems, Other

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: VDH is following the recommendations of the CDC, as well as best practices implemented in other states to identify and test methods to increase the response rate.

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $41,083
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
10-49% - Partial source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:
Complete hiring process
Between 10/2014 and 09/2015, VDH will identify **1** PRAMS coordinator who will identify and test various methods to increase the PRAMS response rate.

Annual Activities:
1. Hire coordinator and implement program
Between 10/2014 and 09/2015, VDH will hire a PRAMS coordinator and implement methods to increase the PRAMS response rate.

Objective 2:
Conduct survey
Between 10/2014 and 09/2015, the PRAMS coordinator will conduct **1** statewide PRAMS survey of 1,132 women and collect results.

Annual Activities:
1. Conduct survey
Between 10/2014 and 09/2015, the PRAMS coordinator will conduct the PRAMS survey through mailings

and follow-up phone calls.

2. Track data
Between 10/2014 and 09/2015, the PRAMS coordinator will track and record data in the PIDS system.

Objective 3:
Distribute data
Between 10/2014 and 09/2015, the PRAMS coordinator will distribute data to inform and to help improve the health of the MCH population to **all** MCH-related programs and other stakeholders.

Annual Activities:
1. Share data
Between 10/2014 and 09/2015, the PRAMS coordinator will share data as requested by program staff, other agencies and outside entities.

State Program Title: OFHS Program Support – Youth Risk Behavior Survey

State Program Strategy:

PHHS funds will be used to cover the cost of obtaining local data during the 2015 Youth Risk Behavior Survey (YRBS) collection period. VDH is creating a Call for Proposal process through which up to five local health districts may partner with one school division within their boundaries to collect data at the school division level. VDH will contract with a vendor to develop a sampling frame for the survey, weight the data and provide data tables.

Local health districts will provide funds to help offset the costs of local level data collection. PHHS funds will be used to fund the remaining costs of local level data collection. These costs include the vendor that will provide sampling, weighting and data tables; three contract employees during survey administration; the salary/rent/phone/computer costs associated with the YRBS Coordinator position; printing costs for survey packets; postage costs; and survey travel expenses.

Program Goal:
The goal is to obtain data at the school division level to better inform schools, health districts, and communities about the most prevalent health-related risk behaviors among youth in these geographic areas.

Program Health Priority:
The health priority is data collection for health-related risk behaviors among youth.

Primary Strategic Partners:
Primary strategic partners include local health districts, the Department of Education, school divisions (including school administrators and teachers) and community groups. The Virginia Foundation for Healthy Youth is also a partner in administering the state-level YRBS.

Evaluation Methodology:
The program will be evaluated to ensure that data is collected for five school divisions, and that data tables are provided to school divisions and local health districts for their use in determining priority areas related to health-related risk behaviors among youth.

State Program Setting:
Local health department, Schools or school district

FTEs (Full Time Equivalents):
Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Name: TBD
Position Title: YRBS Coordinator
State-Level: 60% Local: 0% Other: 0% Total: 60%

Total Number of Positions Funded: 1
Total FTEs Funded: 0.60

National Health Objective: HO PHI-7 National Data for Healthy People 2020 Objectives

State Health Objective(s):
Between 10/2014 and 09/2015, VDH will increase the availability of local-level data for health risk

behaviors among youth from two school divisions with local level data to five school divisions with local level surveys.

Baseline:
Two school divisions were elected to conduct oversamples to obtain local level data in 2013.

Data Source:
Youth Risk Behavior Survey

State Health Problem:

Health Burden:
There is no source of data on health-related risk behaviors among youth in Virginia other than the YRBS. The state-level survey funded by CDC provides data that is aggregated across the state, rather than more detailed, local-level analyses. These five health district/school division surveys will allow the collection of local level data that will be of greater use to these smaller geographic areas.

Target Population:
Number: 5
Infrastructure Groups: State and Local Health Departments, Other

Disparate Population:
Number: 5
Infrastructure Groups: State and Local Health Departments, Other

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: The call for proposal process was developed based upon a similar process that has been in use for the BRFSS survey for a number of years.

The YRBS survey collection plan is based upon two school district level data samples that were collected during 2013 survey administration: Bedford County and Richmond City. VDH has evaluated the successes and areas that needed improvement during the past survey administration and has incorporated changes based on this experience into the 2015 survey administration plan.

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $200,000
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
50-74% - Significant source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:
Call for proposal
Between 10/2014 and 09/2015, VDH will develop **1** Call for Proposal process based on the BRFSS process.

Annual Activities:

1. Draft release

Between 10/2014 and 09/2015, VDH will draft a Call for Proposal release to the health districts.

2. Provide guidance

Between 10/2014 and 09/2015, VDH will provide guidance to the health districts on the new process.

3. Select health districts

Between 10/2014 and 09/2015, VDH will select health districts with the strongest proposals.

4. Monitor activity

Between 10/2014 and 09/2015, VDH will monitor health district participation in survey activities.

Objective 2:

Collect data

Between 10/2014 and 09/2015, VDH will collect **5** school divisions' local level data in partnership with local health districts.

Annual Activities:

1. Identify school divisions

Between 10/2014 and 09/2015, VDH will identify five school divisions to participate in the survey.

2. Conduct survey

Between 10/2014 and 09/2015, VDH will conduct survey activities with the identified five school divisions.

State Program Title: Oral Health Assessment of Virginia's Elders

State Program Strategy:

Program Goal:
The goal of this program is primary data collection to describe the oral health status among the older adult population in targeted groups throughout the state to effectively address the oral health needs of this population.

Program Health Priority:
Priority dental public health concerns include the prevalence and severity of oral diseases and disorders, their potential impact on general health and well-being, and the significant disparities related to health and health care. Historically, oral health data collection and reporting have focused primarily on children. However, profound oral health and oral health care access disparities exist for adult minority, low income and low education populations, and individuals who are physically and medically impaired, elderly, homeless or homebound. Adults who suffer from poor oral health are more likely to experience poor overall health with a reduced quality of life compared to adults who maintain good oral health.

Primary Strategic Partners:
The partnerships that are critical for this program to succeed include those with other agencies that deal with the oral health issues of the elderly. Those partners include Virginia Association of Area Agencies on Aging, Veteran's Affairs, Meals on Wheels, Virginia Dental Hygiene Association, Virginia Association of Free Clinics, Virginia Center for Healthy Communities, Virginia Association of Nursing Home Administrators, Virginia Association of Non-profit Homes for the Aging, and local nursing home facilities.

Evaluation Methodology:
The Dental Health Program will work with the epidemiologist in the Division of Policy and Evaluation in the Office of Family Health Services as well as obtain technical assistance from the Association of State and Territorial Dental Directors (ASTDD) to review survey questions, determine sample size, and analyze data. The ASTDD Basic Screening Survey will be used for the screening portion of the program. A timeline for activities will guide the progress toward completing activities including obtaining permission from older adults in the targeted population groups.

State Program Setting:
Community health center, Local health department, Medical or clinical site

FTEs (Full Time Equivalents):
Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Name: Tonya Adiches
Position Title: Dental Health Program Manager
State-Level: 10% Local: 0% Other: 0% Total: 10%
Position Name: Delphine Anderson
Position Title: Program Support Technician
State-Level: 10% Local: 0% Other: 0% Total: 10%
Position Name: Earl Taylor
Position Title: Stockroom/Dental Van Coordinator
State-Level: 25% Local: 0% Other: 0% Total: 25%

Total Number of Positions Funded: 3
Total FTEs Funded: 0.45

National Health Objective: HO OH-16 Oral and Craniofacial State-Based Health Surveillance System

State Health Objective(s):

Between 10/2014 and 09/2015, VDH will complete the collection, analysis, and reporting of oral health survey and screening data for 1,500 older adults in three settings (nursing home residents, home bound, attendees of senior congregates and assisted living residents).

Baseline:

In 2008, VDH conducted the first Virginia Elder Oral Health Survey by collecting oral health information and clinical data from 1,451 older adults consisting of the following population groups: nursing home residents, homebound seniors and well elders who attended senior congregate meal sites. Descriptive statistics were calculated for all demographics, risk factors, health behaviors and dental indices collected from the questionnaire and dental exam. Bi-variable analyses were conducted to determine whether significant associations exist between demographic predictors/risk factors and specific oral health outcomes. This information was used for program planning for elder oral health programs.

Data Source:

2008 Survey of the Oral Health of Elder Virginians, Dental Health Program, Virginia Department of Health (VDH)

State Health Problem:

Health Burden:

According to the 2000 Surgeon General report, most U.S. adults experience signs of gum disease and untreated tooth decay. The report reminded us all that oral health meant more than just sound teeth and that "Ignoring oral health problems can lead to needless pain and suffering, complications that can devastate well-being and financial and social costs that significantly diminish quality of life and burden American society." In recent years, researchers have found evidence linking bacteria in the mouth to overall health. For example, while the direct link between oral bacteria and heart disease and stroke is uncertain, people with gum disease are twice as likely to have certain types of heart disease and people diagnosed with acute cerebrovascular ischemia were more likely to have an oral infection when compared to those in control groups. People with diabetes are more likely to have periodontal disease than people without diabetes. Periodontal disease is often considered the sixth ranking complication of diabetes, causing bone and tissue loss at a greater rate and making the diabetes harder to control.

Over the past several years, there have been significant improvements in the oral health status of American adults, but not all adults have benefited from advances in oral health care and dental disease prevention efforts. As the U.S. population has aged, there has been a rise in the decay rate among older adults, who are more likely to experience oral health complications that require extensive treatment compared to younger adults. In addition to the complications in the management of other chronic diseases as described above, the impact of poor oral health can have far-reaching consequences that result in detriments to overall health and well-being including the ability to eat and maintain adequate nutritional status.

Virginia Behavioral Risk Factor Surveillance System (BRFSS) data indicate a significant rise in the prevalence and severity of tooth loss with increased age among Virginia adults. While approximately 10% of young adults reported having at least one missing tooth as a result of tooth decay or gum disease, nearly 80% of older adults reported experiencing tooth loss. However, compared to previous generations, a higher percentage of adults are maintaining their natural teeth, especially older adults. In fact, according to BRFSS the prevalence of complete tooth loss (edentulism) has significantly decreased during the past twenty years from 33% to 20% among 55-64 year old adults. Although a positive trend, if treatment is not provided for the remaining teeth, the consequences in older life can be substantial, as documented in a 2008 VDH study of the oral health of older adults. When comparing Virginia elders by

residence status, a greater percentage of home bound residents had untreated decay than their peers in nursing homes or attending senior centers. Over 80% of home bound residents sampled across the state were in need of treatment for dental decay.

Target Population Description: Virginia elders (age 65 years and older) who are classified as the following: nursing home residents, homebound, attendees of senior congregates and assisted living residents.

Disparate Population Description: Indigent adults and older adults, specifically including those who are home bound, or in nursing home facilities.

Target Population:
Number: 1,500
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: Yes

Disparate Population:
Number: 1,275
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: Yes
Location: Entire state
Target and Disparate Data Sources: 2008 Oral Health Assessment of Virginia Elders (State Level)

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: The Surgeon General's Report on Oral Health stated: "Having state-specific and local data that augment national data is critical in identifying high-risk populations and in addressing oral health disparities." The report further proposed that implementation strategies to overcome barriers in oral health disparities should include building and supporting epidemiologic and surveillance efforts to identify patterns of disease and populations at risk. The effectiveness of public health surveillance (such as program development/evaluation of intervention strategies) has been reported in other fields including infectious diseases and occupational health.

Best Practice Guidelines for Oral Health Surveillance from ASTDD include:
Impact/Effectiveness: A state-based oral health surveillance system contains a core set of measures that describes the status of important oral health conditions and behaviors. These measures serve as benchmarks for assessing progress in achieving good oral health. An oral health surveillance system communicates data and information to responsible parties and to the public in a timely manner.

Efficiency: Data collection is managed on a periodic but regular schedule. Cost-effective strategies are used in collecting, analyzing and communicating surveillance data.

Collaboration/Integration: Partnerships are established to leverage resources for data collection. Data and findings from the surveillance system are used to integrate oral health into other health programs.

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $81,276
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $55,000
Funds to Local Entities: $16,000
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
50-74% - Significant source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:
Complete oral health survey
Between 10/2014 and 09/2015, the Dental Health Program will evaluate **1,500** older adults in three settings (nursing home residents, home bound, attendees of senior congregates and assisted living residents) to complete the collection, analysis, and reporting of oral health survey and screening data.

Annual Activities:
1. Design survey
Between 10/2014 and 09/2015, the Dental Health Program will complete the design of one survey, consisting of an open-mouth clinical exam and a comprehensive oral health questionnaire, and collaborate and obtain permission from partners with agencies that have older adults who can represent the targeted populations in the oral health survey and screening.

2. Collect data
Between 10/2014 and 09/2015, the Dental Health Program will complete primary data collection of the oral health status of 1,500 older adults in three settings (homebound, nursing home, and congregate well elders).

3. Report survey results
Between 10/2014 and 09/2015, the Dental Health Program will analyze, report and distribute the survey data of the oral health status of older adults in three settings (homebound, nursing home, and congregate well elders) to ten stakeholders for oral health program planning for seniors.

State Program Title: Oral Health Care Access for Children with Special Health Care Needs (CSHCN)

State Program Strategy:

Program Goal:
The goal of this program is to continue to provide two-day educational seminars for dental professionals with a hands-on clinical component to encourage the dental treatment of CSHCN. Trainings will be provided in three different health districts within the Commonwealth of Virginia that have been identified as areas with the greatest oral health disparities for CSHCN.

Program Health Priority:
The priority of the program is to increase access to trained dental providers willing to treat CSHCN and decrease the oral health disparities in this population of children through the education of providers and maintenance of the Virginia Department of Health (VDH) online provider directory. The *Oral Health for CSHCN: Priorities for Action - Recommendations from an MCHB Expert Meeting, April 2008*, promoted strategies for improving oral health for CSHCN and discussed the need for education and training of current and future professionals. One strategy is to "support oral health education and training for general health professionals and oral health professionals, and facilitate such education and training".

Primary Strategic Partners:
The project will include collaboration with the Virginia Dental Association Foundation and Virginia Dental Association to provide dental continuing education (CE) credits for participants and to promote the courses. In addition, collaboration with the Virginia Commonwealth University School of Dentistry will allow pediatric dental residents to participate in the courses as assistant instructors, as well as the potential inclusion of dental students as oral health educators.

Evaluation Methodology:
In order to confirm increased capacity of dental providers available to treat CSHCN, the number of providers trained will be monitored. A post-training survey administered four to six months after training completion will determine any change in dental office practices related to CSHCN. In addition, the number of dentists registered on the VDH online provider directory for dentists willing to treat CSHCN will be monitored and kept up to date with the most current information on each dentist and practice through the use of trainings and mailings for current and potential providers.

State Program Setting:

Community based organization, Faith based organization, Home, Medical or clinical site, Senior residence or center

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Name: Tonya Adiches
Position Title: Dental Health Program Manager
State-Level: 10% Local: 0% Other: 0% Total: 10%
Position Name: Delphine Anderson
Position Title: Program Support Technician
State-Level: 10% Local: 0% Other: 0% Total: 10%
Position Name: Earl Taylor
Position Title: Stockroom/Dental Van Coordinator
State-Level: 20% Local: 0% Other: 0% Total: 20%

Total Number of Positions Funded: 3

Total FTEs Funded: 0.40

National Health Objective: HO OH-7 Use of Oral Health Care System

State Health Objective(s):

Between 10/2014 and 09/2015, VDH will increase the number of dental providers who are trained to provide clinical services to CSHCN and very young children by 15%.

Baseline:
Since 2011, 223 dental providers have attended VDH sponsored dentist CE courses regarding the dental care of CSHCN, including 133 dentists and 90 auxiliary staff members. As of May 2014, there were 2,261 dentists with active accounts on the VDH Dental Health Program online directory of dentists willing to treat CSHCN or very young children. As of August 2014, there were approximately 7,000 dentists licensed in Virginia.

Data Source:
Program data is obtained directly from education attendance sheet tallies, dental provider surveys and the online directory database.

State Health Problem:

Health Burden:
In 2011, the Virginia Health Promotion for People with Disabilities Project of the Virginia Partnership for People with Disabilities developed a report on the "Health Status of Virginians with Disabilities 2007–2009, An Analysis of Behavioral Risk Factor Surveillance System (BRFSS) Data". This report is not specific to CSHCN, but does recognize the health disparities of people with disabilities. "Compared to people without disabilities, those with disabilities either demonstrated a statistically lower frequency of positive health practices, or reported more health disparities, related to the following areas", including "Visiting a dentist and getting teeth professionally cleaned routinely, and having teeth extracted due to gum disease or tooth decay". (http://www.hppd.vcu.edu/documents/2012/VirginiaBRFSSReportFINAL1-25-12mu.pdf)

According to the policy brief, Promoting the Oral Health of Children with Special Health Care Needs—In Support of the National Agenda, "the National Agenda for Children with Special Health Care Needs (CSHCN) calls for the development of systems of care that are family centered, community based, coordinated, and culturally competent. This agenda addresses a long-term national goal articulated in Healthy People 2010: National Health Promotion and Disease Prevention Objectives. That goal is to increase the proportion of states and territories that have service systems for children with or at risk for chronic and disabling conditions as required by Public Law 101-239.” The basis of these service systems lies in education and awareness to fuel the desire for effective change. (http://www.mchoralhealth.org/PDFs/CSHCNPolicyBrief.pdf)

Healthy People 2020 also includes objectives related to oral health in three key ways related to this program: dental caries experience, use of oral health care system and dental services for low income children and adolescents.

Target Population:
Number: 300,600
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: Yes

Disparate Population:
Number: 300,600
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: Yes
Location: Entire state
Target and Disparate Data Sources: 2009-2010 National Survey of Children with Special Health Care Needs (State Level)

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: 1. "Promising State Strategies to Improve the Oral Health of CYSHCN", 2011 AMCHP and Family Voices National Conference (http://www.astdd.org/docs/cshcn-promisingstatestrategies-2-vodica-blazer-2-13-2011.pdf Report on promising state practices to improve access to dental care in Virginia, Kansas, Wisconsin and Washington.)

2. National Maternal and Child Oral Health Policy Center, August 2011 Issue Brief regarding dental professional training. (The Affordable Care Act (ACA) supports numerous programs for training new and established dental practitioners in addition to a loan repayment program for the faculty that educate these professionals. http://nmcohpc.net/resources/CSHCN%20Brief.pdf)

3. According to the policy brief, Promoting the Oral Health of Children with Special Health Care Needs—In Support of the National Agenda, "the National Agenda for Children with Special Health Care Needs (CSHCN) calls for the development of systems of care that are family centered, community based, coordinated, and culturally competent. This agenda addresses a long-term national goal articulated in Healthy People 2010: National Health Promotion and Disease Prevention Objectives. That goal is to increase the proportion of states and territories that have service systems for children with or at risk for chronic and disabling conditions as required by Public Law 101-239." The basis of these service systems lies in education and awareness to fuel the desire for effective change.

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $59,104
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $35,000
Funds to Local Entities: $0
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
10-49% - Partial source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:
Provide educational opportunities

Between 10/2014 and 09/2015, the Dental Health Program will conduct **3** continuing education courses for dental providers to increase their willingness to treat CSHCN and increase access to dental services for CSHCN.

Annual Activities:

1. Prepare contract

Between 10/2014 and 02/2015, the Dental Health Program will prepare and complete a contract with the Virginia Dental Association Foundation (VDAF) and begin arranging sites for three two-day dental provider continuing education (CE) courses regarding the dental treatment of CSHCN.

2. Complete mailing

Between 10/2014 and 03/2015, the Dental Health Program will complete the mailing to 7,000 licensed dentists in the Commonwealth of Virginia that will include upcoming course information.

3. Conduct continuing education courses

Between 10/2014 and 08/2015, the Dental Health Program will complete three dental provider CE courses.

4. Evaluate outcomes

Between 10/2014 and 09/2015, The Dental Health Program will begin to evaluate project outcomes.

Objective 2:

Update provider directory

Between 10/2014 and 09/2015, the Dental Health Program will update **1** VDH online provider directory for dentists willing to treat CSHCN to accurately reflect provider status by location.

Annual Activities:

1. Update accounts

Between 10/2014 and 03/2015, the Dental Health Program will complete the mailing to 7,000 licensed dentists in the Commonwealth of Virginia that will include a request to add additional dentists to the VDH Dental Health Program online directory of providers for CSHCN or update active accounts with the dentists' most current information.

2. Complete directory update

Between 10/2014 and 09/2015, the Dental Health Program will complete the online directory update.

State Program Title: Prescription Drug Prevention Program

State Program Strategy:

Program Goal:
The goal of the Prescription Drug Prevention Program is to reduce drug related poisoning deaths throughout the life span.

Program Health Priority:
Taking someone else's prescription medication, taking a prescription in a manner that was not as prescribed, or taking a medication for reasons other than prescribed all constitute nonmedical use of prescription drugs. Using a medication in ways other than prescribed can potentially lead to a variety of adverse health effects, including overdose and addiction. Virginia has seen an increase in the number of deaths related to drug/poisoning that replicates the trends seen at the national level. To combat the growing problem of prescription drug abuse and misuse, the National Governors Association (NGA), led by Alabama Governor Robert Bentley and Colorado Governor John Hickenlooper , held a year-long academy in 2012-2013 addressing strategic planning aimed at reducing prescription drug abuse. Virginia was one of five states selected to participate in the NGA's *Prescription Drug Abuse Reduction Policy Academy* –to develop and implement comprehensive and coordinated strategies that take advantage of all available tools and resources to address prescription drug abuse. Representatives from VDH's Injury and Violence Prevention Program participated in the development of a state plan that currently remains under review at the Governor's office.

The Injury and Violence Prevention Program has taken a lead role in initial primary prevention strategies targeted at improving clinical practices among prescribers, dispensers, and clinical support staff. This approach maximizes the use of the Prescription Drug Monitoring Program and ensures a competent workforce across the Commonwealth through education and training of a broad spectrum of prescribers and dispensers of controlled substances.

Primary Strategic Partners:
In addition to collaborating with relevant programs in VDH's Offices of Family Health Services, Emergency Medical Services, and the Chief Medical Examiner, the Injury and Violence Prevention Program partners with a variety of organizations and agencies at the state and local levels. These include but are not limited to drug free organizations, Safe Kids coalitions, Red Cross chapters, schools, health systems, Poison Control Centers, Virginia Association of Independent Schools, Virginia Chapter of the American Academy of Pediatrics, Virginia Association of School Nurses, Departments of Behavioral Health, Social Services, and Education.

Evaluation Methodology:
All funded projects will require an evaluation plan following the RE-AIM framework to include, where applicable, the systematic measurement of: the number of participants in training events and the level of exposure for awareness activities (Reach); the impact of trainings and educational sessions on behavioral change and changes in the rates of available Virginia injury data (Efficacy); the number of new partnerships and/or policies developed to support implementation (Adoption); fidelity to best practices at the project level (Implementation); and the extent to which the program becomes institutionalized or part of the routine organizational practice (Maintenance). Outcomes of awareness and training activities will be assessed through tracking of activities; monitoring of audience exposures to information provided; and behavior change that results from activities. In addition, data on the type and number of distributed resources will be collected.

State Program Setting:
Community health center, Local health department, Medical or clinical site, Schools or school district

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Name: JoAnn Wells
Position Title: Injury Outreach and Education Coordinator
State-Level: 65% Local: 25% Other: 0% Total: 90%
Position Name: Lisa Wooten
Position Title: Injury Program Supervisor
State-Level: 20% Local: 0% Other: 0% Total: 20%
Position Name: Jennifer Schmid
Position Title: Program Support
State-Level: 0% Local: 0% Other: 10% Total: 10%
Position Name: Heather Board
Position Title: Injury, Violence & Tobacco Prevention Program Mgr
State-Level: 5% Local: 0% Other: 0% Total: 5%
Position Name: Vanessa Walker-Harris
Position Title: Division Director
State-Level: 0% Local: 0% Other: 2% Total: 2%

Total Number of Positions Funded: 5
Total FTEs Funded: 1.27

National Health Objective: HO IVP-9 Poisoning Deaths

State Health Objective(s):

Between 10/2014 and 09/2020, VDH will prevent an increase in poisoning deaths by maintaining the 2012 death rate of 10.2 per 100,000 until 2020.

Baseline:
There were 10.2 deaths per 100,000 in 2012

Data Source:
Vital Records

State Health Problem:

Health Burden:
Prescription drug misuse and abuse is a well documented public health issue that has been growing over the past several years. The Centers for Disease Control and Prevention (CDC) reports that emergency department visits for prescription painkiller abuse or misuse have doubled in the past five years to nearly half a million with about 12 million American teens and adults reporting they have used prescription painkillers to get “high” or for other nonmedical reasons. The most commonly abused types of prescription drugs are Opioids, Benzodiazepines and Amphetamine-like drugs. The CDC estimates that nonmedical use of prescription painkillers costs more than $72.5 billion each year in direct health care costs.

Prescription drug abuse is a public health problem across the Commonwealth. Deaths due to drug/poisoning cases increased 18.2% from 2010 to 2011. In 2011, the death rate of drug/poisoning deaths for Virginia residents (9.6 per 100,000) exceeded the death rate of motor vehicle collisions in Virginia and these deaths are attributed to prescription drugs. The western portions of the state accounted for one-third of all drug/poisoning deaths.

The overall number of drug/poisoning cases decreased slightly (1.62%) from 2011 to 2012, which has reduced the overall rate of drug/poison deaths for Virginia residents to 9.3 per 100,000 for 2012. The

majority of cases were unintentional (77.3%), males (59.1%), whites (84.1%), and 45-54 year olds (28.0%). Although the number of prescription drug deaths also decreased from 2011 to 2012 by 14.3%, the majority of the drug/poison deaths in Virginia continue to be attributed to prescription drugs (54%). At the same time that prescription drug deaths in Virginia are showing a decrease, deaths in Virginia attributed to heroin are beginning to increase.

Target Population:
Number: 7,882,590
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 7,882,590
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: U.S. Census Bureau

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

MMWR Recommendations and Reports (Centers for Disease Control and Prevention)

Other: National Partnership for Drug Free America
Smart Moves, Smart Choices (National Association of School Nurses) Generation RX (Ohio State University)

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $165,966
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:
1. Assure a competent workforce

Between 10/2014 and 09/2015, VDH will conduct **5** online trainings to healthcare providers to increase best practices for controlled substance prescription dispensing, responsible case management, and participation in the Prescription Monitoring Program as measured by a follow up assessment of providers completing the online training to measure an increase in enacted practice and policy changes reflective of best practices for the prevention of prescription drug misuse/abuse.

Annual Activities:

1. Provide training and education

Between 10/2014 and 09/2015, VDH will replicate the model previously employed to develop and release an online training resulting in statewide coverage. Previously, VDH partnered with local drug-free organizations to provide five trainings for healthcare providers in high risk areas of the state and two additional trainings to healthcare providers with a special emphasis on Neonatal Abstinence Syndrome. Training focused on knowledge and skills to apply in promoting best practice for controlled substance prescription dispensing, responsible case management, and participation in the Prescription Monitoring Program, as well as promoting local policy and practice changes.

2. Collect and report process and outcome data

Between 10/2014 and 09/2015, process data will be collected at the time of each training. Training participants will then be contacted three months post-training to collect outcome data related to changes in practice and policy changes reflective of best practice for controlled substance dispensing, responsible case management, and participation in the Prescription Monitoring Program.

Objective 2:

2. Assure a competent workforce

Between 10/2014 and 09/2015, VDH will conduct **1** online training to domestic violence shelters to increase best practices for controlled substance safe storage and disposal as measured by a follow up assessment of shelters completing the online training to measure an increase in enacted practice and policy changes reflective of best practices for the prevention of prescription drug misuse/abuse.

Annual Activities:

1. Complete policy scan

Between 10/2014 and 09/2015, VDH will complete a policy scan of domestic violence shelters statewide regarding prescription drug abuse safe storage and disposal policies and procedures to develop a baseline of current practice against best practice methods.

2. Provide training and education

Between 10/2014 and 09/2015, VDH will develop and release an online training for domestic violence shelter safe place employees, focusing on knowledge and skills to apply in promoting best practice for substance abuse safe storage and disposal.

3. Collect and report process and outcome data

Between 10/2014 and 09/2015, process data will be collected at the time of each training. Training participants will then be contacted three months post-training to collect outcome data related to changes in practice and policy changes reflective of best practice for controlled substance safe storage and disposal.

Objective 3:

3. Inform and educate

Between 10/2014 and 09/2015, VDH and the Department of Education will provide support for the implementation of the best practice Smart Moves, Smart Choices strategic toolkit, focusing on prescription drug abuse prevention strategies for secondary school aged youth as measured by changes in current prevention practice to **3** school divisions in high risk areas across the Commonwealth.

Annual Activities:

1. Conduct assessment

Between 10/2014 and 09/2015, VDH will conduct an assessment to determine current practice and

readiness for implementation to serve as baseline data.

2. Promote program and disseminate materials
Between 10/2014 and 09/2015, VDH will partner with the Virginia Department of Education School Health Services to promote Smart Moves, Smart Choices strategic toolkit among school nurses across the Commonwealth.

3. Implement best practice
Between 10/2014 and 09/2015, VDH will collaborate with three school divisions in high risk areas across the Commonwealth to pilot the implementation of the Smart Moves, Smart Choices strategic toolkit in order to ensure best practice approach in the screening, reporting, and raising awareness of prescription drug abuse, targeting students, administration, school nurses, guidance, peer mentors, and Parent Teacher Association members.

Objective 4:
4. Collect data
Between 10/2014 and 09/2015, VDH will identify **100** % of current drug prescribing and dispensing policies and practices among community health centers in Virginia through an environmental scan to develop a baseline and drive future programmatic efforts.

Annual Activities:
1. Collect data
Between 10/2014 and 09/2015, VDH will conduct a policy based survey of community health care centers across the Commonwealth in partnership with Community Care Network of Virginia regarding current prescription drug prescribing and dispensing policies, guidelines and behaviors for comparison of current practice against best practice methods to direct future policy-based projects.

State Program Title: Sexual Assault Intervention and Education Program

State Program Strategy:

Program Goal:
The goal of the Sexual Assault Intervention and Education program is to increase and improve services to victims of sexual assault.

Program Health Priority:
Rape and sexual assault are public health problems in Virginia. In 2013, there were 4,590 forcible sex offenses reported to the Virginia police. (Source: Crime in Virginia, Virginia State Police, 2014). In Virginia, the lifetime prevalence of sexual violence other than rape is estimated to be 42.0% for women and 20.9% for men. The lifetime prevalence of rape for women in Virginia is estimated to be 11.4% (Source: The National Intimate Partner and Sexual Violence Survey, 2010). In cases of sexual assault, however, the victim is often hesitant to report the crime to law enforcement officials. It has been estimated that only 41% of rapes and sexual assaults are reported to police (U.S. Department of Justice, Bureau of Justice Statistics, 2007).

This violence also has short and long-term health related consequences. The 2010 National Intimate Partner and Sexual Violence Survey reported "women who had experienced rape or stalking by any perpetrator or physical violence by an intimate partner in their lifetime were more likely than women who did not experience these forms of violence to report having asthma, diabetes, and irritable bowel syndrome." The survey also reported that "men and women who experienced these forms of violence were more likely to report frequent headaches, chronic pain, difficulty with sleeping, activity limitations, poor physical health and poor mental health than men and women who did not experience these forms of violence."

Primary Strategic Partnerships:
The Virginia Department of Health will contract with the Virginia Sexual and Domestic Violence Action Alliance (the Action Alliance) to provide statewide coordination of sexual assault advocacy, data collection on victim services and outcomes, technical assistance, and training and other support to local sexual assault crisis centers and other professionals working to improve the community response to sexual assault.

Evaluation Methodology:
The Sexual Assault Intervention and Education Program will use training evaluations developed and tested by Futures Without Violence to evaluate Project Connect trainings. Training participants will complete pre-, post- and follow-up evaluation surveys to obtain data on the effectiveness of trainers and changes in providers' screening and referral behaviors.

The Action Alliance's Virginia Sexual and Domestic Violence Data Collection System (VAdata) will be used to evaluate outreach and services provided to victims of sexual assault. Data from VAdata will be used to assess the number of sexual assault victims who sought and were provided emergency shelter, hotline calls, as well as other services such as counseling, legal advocacy, and case management. In addition, the Action Alliance will submit quarterly reports to VDH to provide qualitative data on collaboration, policy and systems change, and impact at the local level.

State Program Setting:
Home, Local health department, Rape crisis center, Other: State Sexual Assault Coalition

FTEs (Full Time Equivalents):
Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Name: Robert Franklin
Position Title: Sexual and Domestic Violence Community Outreach Co
State-Level: 20% Local: 5% Other: 0% Total: 25%
Position Name: Heather Board
Position Title: Injury, Violence & Tobacco Prevention Program Mgr
State-Level: 5% Local: 0% Other: 0% Total: 5%

Total Number of Positions Funded: 2
Total FTEs Funded: 0.30

National Health Objective: HO IVP-40 Sexual Violence (Rape Prevention)

State Health Objective(s):

Between 10/2014 and 09/2020, the Virginia Department of Health will decrease the lifetime prevalence of rape among women by any perpetrator by a 3% decrease from the 2010 baseline of 11.4% to 11.1%.

Between 10/2014 and 09/2020, the Virginia Department of Health will decrease the lifetime prevalence of rape, physical violence or stalking among women by an intimate partner by a 3% decrease from the 2010 baseline of 31.3% to 30.4%.

Baseline:
The prevalence of rape among women by a perpetrator was 11.4% in 2010.

The prevalence of rape, physical violence or stalking among women by an intimate partner was 31.3% in 2010.

Data Source:
National Intimate Partner and Sexual Violence Survey

State Health Problem:

Health Burden:
In 2013, there were 4,590 forcible sex offenses reported to the Virginia police (Crime in Virginia, Virginia State Police, 2014). In Virginia, the lifetime prevalence of sexual violence other than rape is estimated to be 42.0% for women and 20.9% for men. The life time prevalence of rape for women in Virginia is estimated to be 11.4% (Source: The National Intimate Partner and Sexual Violence Survey, 2010). In cases of sexual assault, however, the victim is often hesitant to report the crime to law enforcement officials. It has been estimated that only 41% of rapes and sexual assaults are reported to police (U.S. Department of Justice, Bureau of Justice Statistics, 2007).

Virginia's sexual assault crisis centers annually provide services to almost 7,000 victims of sexual assault. In 2013, sexual assault centers served 5,175 adult victims of sexual assault, and 1,752 child/youth victims (under 18).

Rape is the most costly of all crimes to its victims, with total estimated costs at $127 billion a year (excluding the cost of child sexual abuse), with researchers estimating that each rape cost approximately $151,423 (DeLisi, 2010).

Associated health care costs are significant. In 2008, violence and abuse constituted up to 37.5% of total health care costs, or up to $750 billion (Dolezal, McCollum, & Callahan, 2009).

Target Population:
Number: 7,000
Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 7,000
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: Crisis Center service delivery figures

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: Evidence-based programs and guidelines for victim services are available from the Institute of Medicine, the American College of Obstetricians and Gynecologists and Healthy People 2020.

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $161,007
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:
Assure competent workforce
Between 10/2014 and 09/2015, VDH will provide training regarding the provision of comprehensive services and the prevention of sexual violence to **200** additional health and victim service providers.

Annual Activities:
1. Coordinate the advisory council
Between 10/2014 and 09/2015, VDH will coordinate the Project Connect Advisory Council to better understand currents trends and needs in reproductive and sexual coercion.

2. Coordinate trainings
Between 10/2014 and 09/2015, VDH will continue to utilize the Project Connect curriculum and materials for family planning providers and home visitors and coordinate trainings for health professionals to increase their knowledge of domestic and sexual violence, including reproductive coercion, and enhance screening skills.

3. Implement contract with state coalition

Between 10/2014 and 09/2015, VDH will contract with the state coalition to:

- Utilize Project Connect reproductive and sexual coercion materials and comprehensive sexual health information and coordinate four regional trainings designed to prepare staff and allied health professionals to understand sexual coercion and the relationship to intimate partner violence victimization.

- Provide a one-day onsite technical assistance session to six local sexual and/or domestic violence programs on implementing best practices and increasing local capacity to screen for sexual and reproductive coercion, including establishing necessary partnerships with local reproductive health providers in the community. Local stakeholders will be encouraged to participate in the onsite technical assistance visit. The Action Alliance will utilize the new *Reproductive and Sexual Coercion: A Toolkit for Sexual and Domestic Violence Advocates* to assist programs in implementation of best practices.

- Post resources on the statewide Community Defined Solutions website related to reproductive health, sexual and reproductive coercion, and tools for assessment. In addition, related resources will be disseminated via Resonance, an electronic newsletter for advocates in Virginia.

- Provide technical assistance as requested to local sexual and domestic violence programs across Virginia. These efforts will lead to increased local partnerships to adequately screen and provide services to those impacted by sexual and reproductive coercion.

- Organize and host the Building Healthy Futures Conference in spring 2015 to focus on increasing engagement with men in sexual violence prevention and intervention and increasing collaborations with underserved communities. The two-day conference will cover topics such as the impact of gender socialization on gender-based violence, healthy masculinity, faith and sexual violence prevention, community mobilization, skills for affirmative consent, and working with male identified survivors of sexual violence. This conference will also provide an opportunity for local program networking and sharing of best practices.

- Convene no less than ten stakeholders to review and propose changes to the VAdata Community Engagement Form in order to improve the collection of sexual violence prevention data and outcomes across the state. Recommendations will be reviewed by the VAdata Advisory Committee and approved by the end of the contract period.

Objective 2:

Increase community partnerships

Between 10/2014 and 09/2015, VDH and the Action Alliance will increase the number of hotline contacts as reported by VAdata by 5% from 10,315 to **10,830**.

Annual Activities:

1. Develop dissemination plan

Between 10/2014 and 09/2015, building on the work of the statewide sexual violence prevention plan and the development of three new marketing/messaging campaigns over the last contract period, the Action Alliance will develop a dissemination plan for each of the following campaigns: LGBTQ helpline outreach campaign, African-American hotline outreach campaign, and the Consent messaging campaign.

State Program Title: Traumatic Brain Injury Prevention Program

State Program Strategy:

Program Goal:
The program goal is to prevent traumatic brain injuries among youth and to increase the diagnosis and proper management of concussions to support full recovery and to decrease injury severity.

Program Health Priority:
CDC identifies traumatic brain injury (TBI) as a leading public health issue throughout the U.S. Across the lifespan, there are many different mechanisms of injury which can result in TBI. The Traumatic Brain Injury Prevention Program targets prevention efforts on school age children given the known health and development implications of injury to the developing brain. Specific efforts are focused on preventing injuries related to sports and recreational activities such as bicycling.

Nationally between 1966 and 2009, the number of children who bicycle or walk to school has decreased by 75%. However, recent efforts to address obesity, especially childhood obesity, and healthy living focus on increasing community-level walking and bicycling initiatives in Virginia as effective intervention strategies. The challenge is that many public health efforts to promote physical activity seldom address the numerous available strategies to prevent related injuries and fatalities.

As with most types of unintentional injuries, bicycle related injuries and fatalities are preventable. Changes in behavior, the use of proven safety devices, environmental improvements and policy enhancements all support the prevention of injuries. The most effective prevention strategies focus on behavior change to make the largest impact.

Primary Strategic Partners:
In addition to collaborating with relevant programs in VDH's Offices of Family Health Services, Emergency Medical Services, and the Chief Medical Examiner, the Injury and Violence Prevention Program partners with a variety of organizations and agencies at the state and local levels. These include but are not limited to Safe Kids coalitions, schools, health systems, Virginia High School League, Virginia Association of Independent Schools, Virginia Chapter of the American Academy of Pediatrics, Bike Walk Virginia, VA Association of Health, Physical Education, Recreation and Dance, VA Recreation and Park Society, VA Safe Routes to School Network, Brain Injury Association of VA, and the Virginia Departments of Education, Conservation and Recreation, Motor Vehicles and Transportation.

Evaluation Methodology:
All funded projects will require an evaluation plan following the RE-AIM framework to include, where applicable, the systematic measurement of: the number of participants in training events and the level of exposure for awareness activities (Reach); the impact of trainings and educational sessions on behavioral change and changes in the rates of available Virginia injury data (Efficacy); the number of new partnerships and/or policies developed to support implementation (Adoption); fidelity to best practices at the project level (Implementation); and the extent to which the program becomes institutionalized or part of the routine organizational practice (Maintenance). Outcomes of awareness and training activities will be assessed through tracking of activities; monitoring of audience exposures to information provided; and behavior change that results from activities. In addition, data on the type and number of distributed resources will be collected.

State Program Setting:
Medical or clinical site, Schools or school district, Senior residence or center

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Name: Jennifer Schmid
Position Title: Program Support
State-Level: 0% Local: 0% Other: 7% Total: 7%
Position Name: Lisa Wooten
Position Title: Injury Program Supervisor
State-Level: 30% Local: 0% Other: 0% Total: 30%
Position Name: JoAnn Wells
Position Title: Injury Outreach and Education Coordinator
State-Level: 0% Local: 5% Other: 0% Total: 5%
Position Name: Heather Board
Position Title: Injury, Violence & Tobacco Prevention Program Mgr
State-Level: 5% Local: 0% Other: 0% Total: 5%
Position Name: Vanessa Harris-Walker
Position Title: Division Director
State-Level: 0% Local: 0% Other: 3% Total: 3%

Total Number of Positions Funded: 5
Total FTEs Funded: 0.50

National Health Objective: HO IVP-2 Traumatic Brain Injury

State Health Objective(s):

Between 10/2014 and 10/2020, VDH will reduce the rate of fatal traumatic brain injuries by 3% from the 2012 baseline of 18.3 per 100,000 to 17.8 per 100,000 by 2020.

Between 10/2014 and 10/2020, VDH will reduce the rate of traumatic brain injury hospitalizations by 3% from the 2012 baseline of 58.4 per 100,000 to 56.6 per 100,000 by 2020.

Baseline:

Fatal traumatic brain injuries were 8.3 per 100,000 in 2012.

Traumatic brain injury hospitalizations were 58.4 per 100,000 in 2012.

Data Source:
Vital Records
Virginia Health Information

State Health Problem:

Health Burden:
Virginia had a 2012 traumatic brain injury hospitalization rate of 22.5 per 100,000 and a death rate of 4.7 per 100,000 among those 5-18 years of age.

During 2012, approximately 45% of all bicycle crashes were the result of rider errors such as failure to yield, ignoring traffic signals, improper turning, etc. A critical focus of bicycle behavior change needs to target increasing proper bicycle helmet use. Most helmet use activities target young children because this is an audience who can be more easily influenced than other age groups. It is important to start early with behavior change to encourage healthy, safe behaviors to become lifestyle norms. Unfortunately, bicycle helmet use tends to decline as age increases, making young adults more vulnerable to head injuries as they grow older. The Virginia Youth Survey found that 85% of Virginia 12th graders rarely or never wore a helmet during bicycle use.

Target Population:
Number: 1,279,773
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: 4 - 11 years, 12 - 19 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 1,279,773
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: 4 - 11 years, 12 - 19 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: Virginia Department of Education

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

MMWR Recommendations and Reports (Centers for Disease Control and Prevention)

Other: National Highway Traffic Safety Administration Cycling Skills Clinic Guide

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $93,232
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:
Assure a competent workforce
Between 10/2014 and 09/2015, VDH will conduct **4** Bike Smart Basics trainings for health and physical education teachers to support the implementation of bicycle safety units of instruction.

Annual Activities:
1. Provide training and education
Between 10/2014 and 09/2015, the Injury and Violence Prevention Program will partner with the Virginia Department of Education to generate policy change by working with K-12 schools to modify their physical education curriculums to include bicycle safety education. Critical to this policy change is the training for health and physical education teachers to provide the foundation of injury prevention knowledge and skills needed for the implementation of a unit of on-the-bike instruction. The demand for this training continues to grow as schools throughout the state receive Safe Routes to School funding. Through a continuation

of this partnership, four regional trainings will be conducted for health and physical education teachers.

2. Provide technical assistance
Between 10/2014 and 09/2015, the Injury and Violence Prevention Program will provide technical assistance to organizations to ensure the program is executed with fidelity and integrity.

3. Collect and report process and outcome data
Between 10/2014 and 09/2015, process data will be collected at the time of each training to determine current school policies. Training participants will then be contacted 3-6 months post-training to collect outcome data related to changes in policy.

Objective 2:
Provide outreach and education
Between 10/2014 and 09/2015, VDH will conduct **3** regional workshops to public school faculty and staff to support the alignment of school district policies and procedures with the revised Board of Education Concussion Prevention Guidelines.

Annual Activities:
1. Provide training and education
Between 10/2014 and 09/2015, in collaboration with the Department of Education, the Virginia High School League and the Virginia Athletic Trainer's Association, the Injury and Violence Prevention Program will provide guidance and technical assistance to K-12 staff and faculty to institute and support policy and procedural changes in alignment with recent legislative changes related to the Virginia Student Protection Act addressing concussions in the youth athlete.

2. Collect and report process and outcome data
Between 10/2014 and 09/2015, process data will be collected at the time of each workshop. Participants will then be contacted 3 months post-training to collect outcome data related to changes in practice and policy reflective of best practices.